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EMARK OFFICE ED STATES PATENT AND TR SANIÉZ, et al. Applicants: 10/044,527 Group Art Unit: 1755 Serial No.: January 11, 2002 Examiner: Filed: TURE INTENDED FOR THE TREATMENT OF HALITOSIS **SWEET WITH BOX NON-FEE AMENDMENT Assistant Commissioner for Patents** Washington, D. C. 20231 I hereby certify that this correspondence is being Transmitted herewith is an amendment for this application. deposited with the United States Postal Service as 2. first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, a small entity - verified statement: Washington, D.C. 20231, on 03-29-2002 attached already filed. ∇ other than a small entity. П No additional fee for claims is required. The fee for claims (37 CFR 1.16(b)-(d) has been calculated as shown below: OTHER THAN A SMALL ENTITY SMALL ENTITY COL. 2 COL. 3 COL. 1 Rate OR Addit Claims Highest No. Present Rate Addit Remaining Previously Extra Fee Paid For After Amendment \$0 Minus 20** 0 \$9 \$0 \$18 Total 13 \$84 \$0 3*** 0 \$42 \$0 2* Minus Independent х \$280 \$0 ☐ First presentation of \$140 х Multiple Dep. Claim \$0 OR TOTAL \$0 **TOTAL** If the entry in Col. 1 is less than entry in Col. 2, write "O" in Col. 3. If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

. A duplicate of this transmittal is attached. Charge Account No. 08-1650 the sum of \$____

is enclosed for the time extension fee. A check in the amount of \$_

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any

overpayment to Deposit Account No. 08-1650.

 \square Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

 $|\mathbf{x}|$ Any patent application processing fees under 37 CFR 1.17.

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3-29-02

Date

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